

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006250 (4)**

1. Corporation Name

KIRKLAND'S OF BRANDON TOWN CENTER, TAMPA, FL, IN C.



Principal Place of Business

P.O. BOX 722
JACKSON TN 38308

Mailing Address

P. O. BOX 7222
JACKSON TN 38308
US

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|--------------------|----|--------------------|
| 21 | Sube, Apt. #, etc. | 26 | Sube, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | City |
| 84 | State |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation, by this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Name of Signer (Print Name)

Date (Print Date)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KIRKLAND, CARL | |
| STREET ADDRESS | 1069 COUNTRY CLUB LANE | |
| CITY-STATE-ZIP | JACKSON TN 38305 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | KIRKLAND, ROBERT | |
| STREET ADDRESS | ROBIN HOOD LANE | |
| CITY-STATE-ZIP | UNION CITY TN 38261 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MOORE, BRUCE | |
| STREET ADDRESS | 805 N PARKWAY | |
| CITY-STATE-ZIP | JACKSON TN | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | ALDERSON, ROBERT | |
| STREET ADDRESS | 26 WHITFIELD COVE | |
| CITY-STATE-ZIP | JACKSON TN 38305 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|-------|----------------|--|
| 13.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 | NAME | |
| 13.3 | STREET ADDRESS | |
| 13.4 | CITY-STATE-ZIP | |
| 13.5 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 | NAME | |
| 13.7 | STREET ADDRESS | |
| 13.8 | CITY-STATE-ZIP | |
| 13.9 | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 13.10 | NAME | |
| 13.11 | STREET ADDRESS | |
| 13.12 | CITY-STATE-ZIP | |
| 13.13 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 | NAME | |
| 13.15 | STREET ADDRESS | |
| 13.16 | CITY-STATE-ZIP | |
| 13.17 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 | NAME | |
| 13.19 | STREET ADDRESS | |
| 13.20 | CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if being registered or listed at this address.

SIGNATURE:

Robert Alderson

ROBERT ALDERSON

3/15/96

901-668-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)